

|  |  |   |   |                                     |   |  |   |                     |                    |                         |  |  |          |  |  |  |
|--|--|---|---|-------------------------------------|---|--|---|---------------------|--------------------|-------------------------|--|--|----------|--|--|--|
| SERIAL NUMBER<br>09/447,179  | FILING DATE<br>11/22/99  | CLASS<br>370  | GROUP ART UNIT<br>2732<br><del>2732</del> | ATTORNEY DOCKET NO.<br>34647-00407U |   |  |   |                     |                    |                         |  |  |          |  |  |  |
| <div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">APPLICANT</div> <div> <p>BARRY O'DRISCOLL, WEXFORD, IRELAND.</p> <br/><br/><br/> <p><b>**CONTINUING DOMESTIC DATA*****</b><br/> VERIFIED<br/> <u>NONE S.T.</u></p> <p><b>**371 (NAT'L STAGE) DATA*****</b><br/> VERIFIED<br/> <u>NONE S.T.</u></p> <br/><br/><br/> <p><b>**FOREIGN APPLICATIONS*****</b><br/> VERIFIED<br/> <u>NONE S.T.</u></p> <br/><br/><br/> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/20/99</p> </div> </div>  |  |   |   |                                     |   |  |   |                     |                    |                         |  |  |          |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">Foreign Priority claimed<br/>35 USC 119 (a-d) conditions met</td> <td style="width:15%;"> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br/> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no </td> <td style="width:15%;">STATE OR COUNTRY<br/>IEX</td> <td style="width:10%;">SHEETS DRAWING<br/>4</td> <td style="width:10%;">TOTAL CLAIMS<br/>24</td> <td style="width:10%;">INDEPENDENT CLAIMS<br/>2</td> </tr> <tr> <td colspan="2">Verified and Acknowledged <u>S.T.</u><br/>Examiner's Initials</td> <td colspan="4">Initials</td> </tr> </table> |  |   |   |                                     | Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY<br>IEX   | SHEETS DRAWING<br>4 | TOTAL CLAIMS<br>24 | INDEPENDENT CLAIMS<br>2 | Verified and Acknowledged <u>S.T.</u><br>Examiner's Initials |  | Initials |  |  |  |
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| Verified and Acknowledged <u>S.T.</u><br>Examiner's Initials   |  | Initials  |   |                                     |   |  |   |                     |                    |                         |  |  |          |  |  |  |
| <div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">ADDRESS</div> <div> <p>RICHARD J MOURA<br/> JENKENS &amp; GILCHRIST P C<br/> 3200 FOUNTAIN PLACE<br/> 1445 ROSS AVENUE<br/> DALLAS TX 75202-2799</p> </div> </div>  |  |   |   |                                     |   |  |   |                     |                    |                         |  |  |          |  |  |  |
| <div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">TITLE</div> <div> <p>METHOD FOR MONITORING AUTHENTICATION PERFORMANCE IN WIRELESS<br/> COMMUNICATION NETWORKS</p> </div> </div>   |  |   |   |                                     |   |  |   |                     |                    |                         |  |  |          |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">FILING FEE RECEIVED<br/><br/>\$832</td> <td style="width:45%;"> FEES: Authority has been given in Paper<br/> No. _____ to charge/credit DEPOSIT ACCOUNT<br/> NO. _____ for the following: </td> <td style="width:40%;"> <input type="checkbox"/> All Fees<br/> <input type="checkbox"/> 1.16 Fees (Filing)<br/> <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br/> <input type="checkbox"/> 1.18 Fees (Issue)<br/> <input type="checkbox"/> Other _____<br/> <input type="checkbox"/> Credit </td> </tr> </table>   |  |   |   |                                     | FILING FEE RECEIVED<br><br>\$832                            | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following:                      | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                     |                    |                         |  |  |          |  |  |  |
| FILING FEE RECEIVED<br><br>\$832   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following:                      | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                     |   |  |   |                     |                    |                         |  |  |          |  |  |  |